

Work Order ID 107201

107201

Page 1

September-23-13 11:23:33 AM

Item ID: D4023-3 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Cap And Flange
 Start Date: 9/23/13 Start Qty: 4.00 *4* Cust Item ID:
 Required Date: 9/23/13 Req'd Qty: 4.00 *4* Customer:
 Reference:

Approvals: Process Plan: Date: 13-09-23 Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4023	B								

100 0.00

100

Purchasing

Purchasing

Memo

Issue P/O: 21499

Purchase part as per Dwg D4023

Part #:A4NS

Possible Supplier: Fuel Safe Systems

Material release note required

0.00

C213/09/26 (4)

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

13/9/27 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page 2

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									
130	Identify as per dwg & Stock Location: W4003	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

DAS
27
9-89

13 9 27

4x 13-09-27

13-09-30

13 09 30

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
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Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

September-23-13 11:23:33 AM

Page 1

Work Order ID: 107201

Parent Item: D4023-3

Parent Item Name: Cap And Flange

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev A 11.05.31 new issue EC verified by: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
A4NS Fuel Cap		Purchased	No			100	Each	0.0000	1	4		9/23/13	(4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

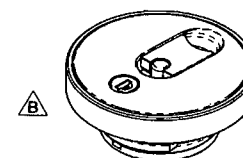
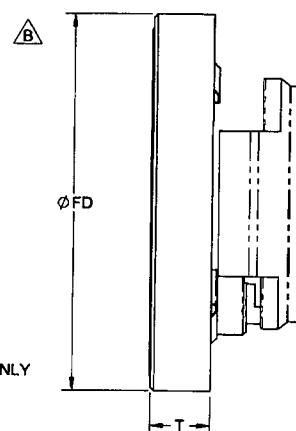
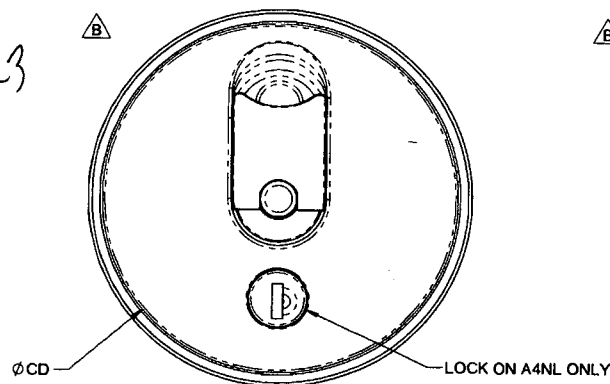
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4023-1	NO REFERENCE
D4023-3	NO REFERENCE

SPECIFICATION CONTROL DRAWING

107201
PLB0923



DART PART NUMBER	MANUFACTURER	MANUFACTURER PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	FLANGE DIAMETER "FD"	FLANGE THICKNESS "T"	CAP DIAMETER "CD"
D4023-1	NEWTON EQUIPMENT	A512FF	AIRCRAFT SPRUCE AND SPECIALTY	05-02650	4.17	0.69	3.92
		A50SG	C.O.R.E AVIATION (PREFERRED)	A50SG			
D4023-3	NEWTON EQUIPMENT	A4NS (NON-LOCKING) (PREFERRED)	FUEL SAFE SYSTEMS	A4NS	3.25	0.51	3.01
		A4NL (LOCKING) (ALTERNATE)	FUEL SAFE SYSTEMS	A4NL			

RELEASED
2011-05-30

D4023-X CAP AND FLANGE

NOTES:
1) MATERIAL: N/A
2) FINISH: N/A
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: N/A
6) IDENTIFICATION: N/A
7) WEIGHT: 0.13 lbs

B	ADD -3	11.05.11
A	NEW ISSUE	HS 10.02.05
REV.	DESCRIPTION	BY DATE
DESIGN		
DRAWN		
CHECKED		
MFG. APPR.		
APPROVED		
DE APPR.		
DATE	11.05.11	

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO.
DSC-D4023

REV. B

SHEET 1 OF 1

TITLE
FUEL CAP

SCALE
NTS

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THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS
NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT
WRITTEN PERMISSION FROM DART AEROSPACE LTD



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21499**

Purchase Order Date 9/26/2013

PO Print Date 9/26/2013

Page Number 1 of 1

Order From :
FUEL SAFE SYSTEMS
1550 NORTH EAST KINGWOOD AVE

REDMONT, OREGON 97756
US

VU-FUE001

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
9/13/2013

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	8004336524	Customer POID	
		Customer Tax #	10127-2607
Ship To Contact		Terms	Net 30
Ship To Phone		Currency	USD
Ship Via:	FedEx PI collect	FOB	Destination-Collect
Ship Acct:			

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	A4NS	Fuel Cap	10/2/2013 Yes 10/2/2013		4.00 Each	\$204.90	\$819.60
	AS PER DWG D4023 REV. B B107201						
Line Total:							\$819.60
PO Total:							\$819.60

CL [Signature]

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required - YES NO
PST# 6122-5207

Change Nbr:

1

Change Date: 9/26/2013

Commercial Invoice - Exporter

Page: 1



dba Fuel Safe Systems

1550 NE Kingwood Avenue
Redmond, OR 97756 USA
PH (541) 923-6005 Fax (541) 923-6600
Tax ID# 20-1237625

Invoice Number: 0080860-IN

Invoice Date: 9/26/2013

Order Number: 0063336

Order Date: 9/26/2013

Salesperson: Rob Held

Customer Number: DARTAER

Sold To:

Dart Aerospace, Ltd
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship To:

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Fax: (613) 632-1053

Customer P.O. PO21499		Ship VIA FEDEX INT P		Incoterms 2000: EXW		Terms Net 30 Days	
Tracking/BOL #: 5434 2056 6809;		# Packages: 1		IS Net Weight 0		HS Code: 8708.29.5060	
						Country of MFG: England	
Line#	Item Number	Unit	Ordered	Shipped	B/O	Price	Amount
Use Customer's FEDEX account #151793240.							
1	A4NS Flush Cap, Aircraft Style Cap, 3", No Lock & Weld on neck	EACH	4	4	0	204.90	819.60

Net Product Total 819.60

Shipping & Handling: 0.00

US Currency Net Invoice: 819.60

By ordering for shipment any material or product under this contract, buyer agrees to all the terms and conditions contained on the reverse, which are incorporated by reference herein.

These Commodities were exported from the United States in Accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.



CERTIFICATE OF COMPLIANCE

Date of Certificate: 09-26-2013

Certifying Agency: Aircraft Rubber Manufacturing Inc.
1550 NE Kingwood Ave
Redmond, OR 97756

Customer: Dart Aerospace, Ltd.
1370 Aberdeen Str.
Hawkesbury, ON K6A 1K7
Canada

P.O. #: PO 21499

ARM Order #: 0063336

Drawing #: D4023 Rev B

Product: Fuel Cap

Part #: A4NS

Quantity: (4)

Date of Manufacture: 09-26-2013

Certification:

Aircraft Rubber Manufacturing Inc. certifies that the above referenced item, supplied under the above referenced purchase order, is in conformance with all known requirements.

Authorized Signature


Marilyn Clark

Aircraft Rubber Manufacturing Inc.
dba Fuel Safe Systems
1550 NE Kingwood Avenue
Redmond, OR 97756
Phone: (541) 923-6005 * Fax: (541) 923-6015